



Safeguarding Vulnerable Adults Policy

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Safeguarding Vulnerable Adults Policy

1. Aim

The purpose of this policy is to outline the duty and responsibility of staff, working on behalf of Langport Surgery, in relation to the safeguarding of adults at risk. It is essential that all staff are continually aware of their responsibilities to detect individuals at risk, provide the necessary support to those affected by safeguarding issues and ensure the high-quality service, including the appropriate sharing of information.

Langport Surgery recognises that all adults at risk have a right to protection from abuse and neglect, and the practice accepts its responsibility to safeguard the welfare of such persons with whom staff may come into contact.

“Abuse is a violation of an individual’s human and civil rights by any other person or person’s”
Kent and Medway Safeguarding Vulnerable Adults (2010)

We will respond quickly and appropriately where information requests are made, abuse is suspected or allegations are made in relation to adults at risk.

Furthermore, we will give adults at risk the chance to raise concerns over their own care or the care of others and have in place a system for managing, escalating and reviewing concerns.

The practice will ensure that all staff are given the appropriate safeguarding training, proportionate to their role, and that they attend annual refresher training. New members of staff will receive safeguarding training as part of their induction programme.

Safeguarding responsibilities will be clearly defined in job descriptions and there are nominated leads for safeguarding adults.

2. Objectives

To explain the responsibilities Langport Surgery and its staff have in respect of vulnerable adult protection.

To provide staff with an overview of vulnerable adult protection.

To provide a clear procedure that will be implemented where vulnerable adult protection issues arise.

3. Context

For the purpose of this policy, ‘adult’ means a person aged 18 years or over.

What do we mean by abuse?

Abuse of a vulnerable adult may consist of a single act or repeated acts. It may occur as a result of a failure to undertake action or appropriate care tasks. It may be an act of neglect or an omission to act, or it may occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot, consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the individual.

Concerns about abuse may be raised and reported to the social services agency as a result of a single incident or repeated incidents of abuse. However for some clients the issues of abuse relate to neglect and poor standards of care. They are ongoing and if ignored may result in a severe deterioration in both physical and mental health and even death.

Anyone who has concerns about poor care standards and neglect in a care setting may raise these within the service, with the regulatory body and/or with the social services agency.

Where these concerns relate to a vulnerable adult living in their own home, with family or with informal carers they must be reported to the social services agency. These reports must be addressed through the adult protection process and a risk assessment must be undertaken to determine an appropriate response to reduce or remove the risk.

Who is included under the heading 'vulnerable adult?'

An Adult (a person aged 18 or over) who 'is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. (*Definition from 'No Secrets' March 2000 Department of Health*)

This could include people with learning disabilities, mental health problems, older people and people with a physical disability or impairment. It is important to include people whose condition and subsequent vulnerability fluctuates. It may include an individual who may be vulnerable as a consequence of their role as a carer in relation to any of the above.

It may also include victims of domestic abuse, hate crime and anti social abuse behaviour. The persons' need for additional support to protect themselves may be increased when complicated by additional factors, such as, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems, social or emotional problems, poverty or homelessness.

Many vulnerable adults may not realise that they are being abused. For instance an elderly person, accepting that they are dependent on their family, may feel that they must tolerate losing control of their finances or their physical environment. They may be reluctant to assert themselves for fear of upsetting their carers or making the situation worse.

It is important to consider the meaning of 'Significant Harm'. The Law Commission, in its consultation document 'Who Decides,' issued in Dec 1997 suggested that; 'harm' must be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also 'the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development'.

4. Legal Framework

Kent and Medway Multi-Agency Adult Protection Policy, Protocols and Guidance (May 2005): www.kent.gov.uk and follow links to Adult Protection

Human Rights Act 1998, the Mental Capacity Act 2005 and Public Interest Disclosure Act 1998

Data Protection Act 1998, Freedom on Information Act 2000, Safeguarding Vulnerable Groups Act 2006, Deprivation of Liberty Safeguards, Code of Practice 2008

The Mental Capacity Act 2005, covering England and Wales, provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity in the future. It sets out who can take decisions, in which situations, and how they must go about this.

The Human Rights Act 1998 gives legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights (ECHR).

The Public Interest Disclosure Act 1998 (PIDA) created a framework for whistle blowing across the private, public and voluntary sectors. The Act provides almost every individual in the workplace with protection from victimisation where they raise genuine concerns about malpractice in accordance with the Act's provisions.

5. The Role of Staff, Volunteers and Trustees

All staff working on behalf of Langport Surgery have a duty to promote the welfare and safety of vulnerable adults.

Staff may receive disclosures of abuse and observe vulnerable adults who are at risk. This policy will enable staff to make informed and confident responses to specific adult protection issues.

6. Types of Abuse

Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent.

Abuse can occur in any relationship and it may result in significant harm to, or exploitation of, the person subjected to it.

Safeguarding means protecting people's health, well-being and human rights, and enabling them to live free from harm, abuse and neglect. It's fundamental to high-quality health and social care.¹

Physical abuse

Physical abuse can involve any of the following: burning, scalding or the exposure to extreme temperatures (hot and cold), shaking, hitting, pushing, pinching, inappropriate restraint, inappropriate use of medication, female genital mutilation and deprivation of liberty.

Emotional abuse

Emotional abuse is behaviour that has a detrimental effect on the individual's emotional well-being and may result in distress, e.g. bullying, verbal abuse, intimidation, isolation, over-protection or a restriction or withdrawal of an individual's human and / or civil rights.

Sexual abuse

Sexual abuse includes sexual exploitation, including the involvement of an adult in: a sexual activity they have not consented to, the encouragement to watch any form of sexual activity, coercion into any form of sexual activity or the involvement of the adult in such scenarios when they lack the capacity to consent.

¹ [Safeguarding People CQC Definition](#)

Neglect

Neglect has two forms; it can be intentional or unintentional, and it results in the needs of the individual not being met. Examples of intentional neglect include: failure to provide the required level of care, preventing care from being administered, failure to provide access to services such as health and social care, education and other support services. Unintentional neglect may include a failure to provide the at-risk individual with the necessary level of care as the responsible person (e.g. the carer) fails to understand the needs of the individual.

Self-neglect

Self-neglect includes: a lack of self-care, a lack of care of one's environment and the refusal of services that would reduce the risk of harm. Self-neglect may occur because the individual is unable to care for or manage themselves, they are unwilling to manage themselves, or both.

Discriminatory abuse

Discriminatory abuse occurs when values, beliefs or culture result in a misuse of power, resulting in denied opportunities. Motivating factors include age, gender, sexuality, disability, religion, class, culture, language, race or ethnic origin.

Institutional abuse

Institutional abuse refers to a lack of respect in a health or care setting which involves routines that meet the needs of staff as opposed to the needs of the individual at risk, and violate the individual's dignity and human rights.

Financial abuse

Financial abuse is the use of an individual's funds, property, assets, income or other resources without their informed consent or authorisation; this is a crime. Financial abuse includes: theft, fraud, exploitation, misuse of benefits, or the misappropriation of property, inheritance or financial transactions.

Modern slavery

This includes slavery, human trafficking, servitude and forced labour. Individuals are coerced, deceived and forced into a life of abusive and inhumane treatment.

Domestic abuse:**Home Office Definition 2004**

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are, or have been intimate partners or family members, regardless of gender or sexuality.'

Women's Aid Definition

'Domestic violence is physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can also include forced marriage and so-called "honour crimes". Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently "violent".

Most research suggests that domestic violence occurs in all sections of society irrespective of race, culture, nationality, religion, sexuality, disability, age, class or educational level.

Both definitions would therefore also include incidents where extended family members may condone or share in the pattern of abuse e.g. forced marriage, female genital mutilation and crimes rationalised as punishing women for bringing 'dishonour' to the family.

It is important to recognise that Vulnerable Adults may be the victims of Domestic Abuse themselves or be affected by it occurring within their household. This is likely to have a serious effect on their physical and mental wellbeing.

Where Vulnerable Adults are victims of Domestic Abuse, they may need extra support to plan their future. The violence or threat of violence may continue after a victim has separated from the abuser. It is important to ensure that all the vulnerable people in this situation have appropriate support to enable them to maintain their personal safety.

A separate Domestic Abuse Protocol is in place between Police, Social Services and Health.

Incidents reported by the police through the domestic abuse protocols will be addressed under the adult protection processes if it is considered that a vulnerable adult may be at risk of abuse.

Principles of safeguarding

It is possible that the GP may be the individual who identifies an adult as being at risk. It is therefore essential that clinicians act appropriately and in a timely manner to reduce the risk of long-term abuse, in accordance with the six principles of safeguarding:²

1. Empowerment – people being supported and encouraged to make their own decisions and informed consent
2. Prevention – It is better to take action before harm occurs
3. Proportionality – The least intrusive response appropriate to the risk presented
4. Protection – Support and representation for those in greatest need
5. Partnership – Local solutions through services working collaboratively
6. Accountability – Accountability and transparency in safeguarding practice

The practice supports the safeguarding principles by ensuring that:

- There is a safe recruitment procedure in place, including the effective use of the Disclosure Barring Service (DBS)
- Clear lines of accountability exist within the practice for safeguarding
- All staff are aware of the safe whistle-blowing process
- All staff understand the requirement to work in an open and transparent way
- All patients are treated with dignity and respect regardless of culture, disability, gender, age, language, racial origin, religion or sexuality
- All staff adhere to the guidance in this policy and that given in the referenced texts
- All staff will effectively interact with the relevant agencies, sharing information appropriately
- All staff who work with adults at risk are responsible for their own actions and behaviour and should avoid conduct that may lead another responsible person to question their motivation and/or intentions

² [Care Act 2014 Six safeguarding principles.](#)

Mental capacity

The Mental Capacity Act (MCA) 2005³ offers a framework that details the rights of individuals should capacity be questioned. The principles of the MCA must be adhered to and are applicable to safeguarding.

Should an individual at risk opt to remain in an abusive situation, it is essential that they choose to do so without duress or undue influence, and are acutely aware of the risks they may encounter. Should it transpire that the individual has been threatened or coerced, safeguarding interventions must override their decision to ensure that the safety of the individual is protected.

Deprivation of liberty

In addition to the MCA 2005, the practice will determine if a person is deemed to have been deprived of their liberty as detailed in the MCA 2005 Deprivation of Liberty Safeguards, published in 2009.⁴

Where it is suspected that the deprivation is unlawful, the practice will report this to the local authority within 48 hours. Additionally, the local authority has the legal power to sanction and issue a Deprivation of Liberty Safeguard Order should it be deemed necessary to restrict the freedom of an individual if it is in their best interest.

Common presentations which may indicate abuse

The following are potential indicators of abuse in adults at risk.

Possible indicators of physical abuse:

- Unexplained injuries or injuries inconsistent with the person's lifestyle
- Inconsistent history or a changing history
- Bruising, burns, marks, regular injuries
- Unexplained falls
- Changes in behaviour or low self-esteem
- A delay or failure in seeking medical support
- Signs of malnutrition

Possible indicators of emotional abuse:

- Low self-esteem
- Uncooperative and/or aggressive behaviour
- Resent, anger, distress
- Insomnia
- False claims to attract unnecessary treatment
- Behavioral changes when in the presence of a particular person

Possible indicators of sexual abuse include:

- Bruising to thighs, buttocks, upper arms and marks on the neck
- Torn, soiled or bloodied undergarments
- Genital pain, itching or bleeding
- Difficulty in walking or sitting
- Presence of foreign bodies

³ [Mental Capacity Act 2005](#)

⁴ [Deprivation of Liberty Safeguards](#)

- Sexually transmitted diseases
- Pregnancy in women who are unable to consent to sexual intercourse
- Fear of help with personal care
- Reluctance to be alone with a particular person

Possible indicators of neglect:

- Dirty, unhygienic living space
- Poor personal hygiene
- Pressure sores, ulcers
- Insufficient or inadequate clothing
- Untreated injuries
- Malnutrition
- Failure to engage with social groups

Possible indicators of self-neglect:

- Unkempt appearance
- Unable or unwilling to take medication
- Extremely poor personal hygiene
- Lack of essentials (food and/or clothing)
- Hoarding
- Living in unacceptable conditions
- Malnutrition and dehydration

Possible indicators of discriminatory abuse:

- Withdrawn appearance
- Expressions of anger, frustration, anxiety or fear
- Poor support that does not meet the needs of the individual

Possible indicators of institutional abuse:

- Poor record-keeping and standards of care
- Lack of flexibility, procedures, management and support
- Inadequate staffing levels, recreational and educational activities
- Lack of choice
- Dehydration, hunger, lack of personal clothing and possessions
- Unnecessary exposure during bathing or when using the lavatory
- Lack of confidentiality
- Lack of visitors

Possible indicators of financial abuse:

- Unexplained withdrawals from accounts
- Lack of available funds
- Missing personal possessions
- Rent arrears and/or eviction notice
- Unnecessary maintenance
- Lack of receipts for financial transactions
- Persons showing an unusual interest in an individual's assets
- Lack of food, etc.

Possible indicators of modern slavery:

- Isolation

- Malnutrition
- Unkempt appearance
- Always wearing the same clothes
- Lack of personal possessions
- Unable to prove identity, i.e. lack of documentation
- Signs of physical or emotional abuse

7. Children

It is essential that the needs of any children within an abusive or domestic violence situation where there is a vulnerable adult involved are considered and acted upon. Please contact the Lead for Safeguarding or Senior Manager and/or the local social services Safeguarding Children's team.

8. Procedure in the Event of a Disclosure

It is important that vulnerable adults are protected from abuse. All complaints, allegations or suspicions must be taken seriously.

This procedure must be followed whenever an allegation of abuse is made or when there is a suspicion that a vulnerable adult has been abused.

Promises of confidentiality must not be given as this may conflict with the need to ensure the safety and welfare of the individual.

A full record shall be made as soon as possible of the nature of the allegation and any other relevant information.

This must include information in relation to the date, the time, the place where the alleged abuse happened, your name and the names of others present, the name of the complainant and, where different, the name of the adult who has allegedly been abused, the nature of the alleged abuse, a description of any injuries observed, the account which has been given of the allegation.

9. Responding to an Allegation

Any suspicion, allegation or incident of abuse must be reported to the Designated Adult Protection Lead or Practice Manager on that working day where possible.

The nominated member of staff shall telephone and report the matter to the appropriate local adult social services duty social worker. A written record of the date and time of the report shall be made and the report must include the name and position of the person to whom the matter is reported. The telephone report must be confirmed in writing to the relevant local authority adult social services department within 24 hours.

10. Responding Appropriately to an Allegation of Abuse

In the event of an incident or disclosure:

DO

- Make sure the individual is safe
- Assess whether emergency services are required and if needed call them
- Listen

- Offer support and reassurance
- Ascertain and establish the basic facts
- Make careful notes and obtain agreement on them
- Ensure notation of dates, time and persons present are correct and agreed
- Take all necessary precautions to preserve forensic evidence
- Follow correct procedure
- Explain areas of confidentiality
- immediately speak to your manager for support and guidance
- Explain the procedure to the individual making the allegation
- Remember the need for ongoing support.

DO NOT

- Confront the alleged abuser
- Be judgmental or voice your own opinion
- Be dismissive of the concern
- Investigate or interview beyond that which is necessary to establish the basic facts
- Disturb or destroy possible forensic evidence
- Consult with persons not directly involved with the situation
- Ask leading questions
- Assume information
- Make promises
- Ignore the allegation
- Elaborate in your notes
- Panic

It is important to remember that the person who first encounters a case of alleged abuse is not responsible for deciding whether abuse has occurred. This is a task for the professional adult protection agencies, following a referral from the designated Vulnerable Adult Protection Officer.

11. Confidentiality

Vulnerable adult protection raises issues of confidentiality which must be clearly understood by all.

Staff, volunteers and trustees have a professional responsibility to share relevant information about the protection of vulnerable adults with other professionals, particularly investigative agencies and adult social services.

Clear boundaries of confidentiality will be communicated to all.

All personal information regarding a vulnerable adult will be kept confidential. All written records will be kept in a secure area for a specific time as identified in data protection guidelines. Records will only record details required in the initial contact form.

If an adult confides in a member of staff and requests that the information is kept secret, it is important that the member of staff tells the adult sensitively that he or she has a responsibility to refer cases of alleged abuse to the appropriate agencies.

Within that context, the adult must, however, be assured that the matter will be disclosed only to people who need to know about it.

Where possible, consent must be obtained from the adult before sharing personal information with third parties. In some circumstances obtaining consent may be neither possible nor desirable as the safety and welfare of the vulnerable adult is the priority.

Where a disclosure has been made, staff must let the adult know the position regarding their role and what action they will have to take as a result.

Staff must assure the adult that they will keep them informed of any action to be taken and why. The adults' involvement in the process of sharing information must be fully considered and their wishes and feelings taken into account.

This policy needs to be read in conjunction with other policies for Langport Surgery including:

- Confidentiality
- Disciplinary and Grievance
- Data Protection
- Recruitment and Selection
- Safeguarding children and young people

12. The Role of Key Individual Agencies

Adult Social Services

The Department of Health's recent 'No secrets' guidance document requires that authorities develop a local framework within which all responsible agencies work together to ensure a coherent policy for the protection of vulnerable adults at risk of abuse.

All local authorities have a Safeguarding Adults Board, which oversees multi-agency work aimed at protecting and safeguarding vulnerable adults. It is normal practice for the board to comprise of people from partner organisations who have the ability to influence decision making and resource allocation within their organisation.

The Police

The Police play a vital role in Safeguarding Adults with cases involving alleged criminal acts. It becomes the responsibility of the police to investigate allegations of crime by preserving and gathering evidence. Where a crime is identified, the police will be the lead agency and they will direct investigations in line with legal and other procedural protocols.

Role of Designated Vulnerable Adult Protection Officer

The role of the designated officer is to deal with all instances involving adult protection that arise within Langport Surgery. They will respond to all vulnerable adult protection concerns and enquiries.

The designated Vulnerable Adult Protection Lead for Langport Surgery is Dr Myraim Groessens. Should you have any suspicions or concerns relating to Adult Protection, contact the registered doctor, (their 'buddy') Dr Groessens.

Role of Line Manager

The role of the Practice Manager is to support the member of staff, trustee or volunteer involved with the incident and to ensure the correct procedures are followed.

The Practice Manager could, if agreed with the staff member dealing with the incident, make contact with the designated Adult Protection Lead in the first instance.

The Practice Manager must ensure that all staff within their team are familiar with Langport Surgery's vulnerable adult protection procedures and ensure that all staff undertake training, where appropriate.

Training

Training will be provided, as appropriate, to ensure that staff are aware of these procedures. Specialist training will be provided for the member of staff with vulnerable adult protection responsibilities.

Complaints procedure

Langport Surgery has a complaints procedure available to all staff.

Recruitment procedure

Langport Surgery operates procedures that take account of the need to safeguard and promote the welfare of vulnerable adults, including arrangements for appropriate checks on new staff, volunteers and trustees where applicable.

13. References, Internet Links and Further Sources of Information

'No Secrets' report

The first national policy developed for the protection of vulnerable adults, for use by all health and social care organisations and the police. It introduced guidance around local multi-agency arrangements and was issued under Section 7 of the Local Authority Social Services Act 1970. Its implementation is led by local authorities with social services responsibilities.

Action on Elder Abuse (AEA) is a charity working to protect, and prevent the abuse of, vulnerable older adults.

<http://www.elderabuse.org.uk>

The Centre for Policy on Ageing was established in 1947 by the Nuffield Foundation with a remit to focus on the wide-ranging needs of older people

<http://www.cpa.org.uk/index.html>

Safeguarding Vulnerable Adults Policy

Initial cause for concern form which must be discussed with Line Manager/ Safeguarding Lead or Member of the Senior Management Team within 24 – 48 hours. If out of hours – Inform on-call manager who will in turn inform member of senior management team.

Date

Time

Name of individual cause for concern is about

Age (if known)

Address (if known)

Describe your concern and action taken

Observations to support cause for concern

Description and location of any visible marks, bruising etc

Name of person completing form:

Signature:..... Date:

Name of Line Manager:




Signature:..... Date:

Name of Safeguarding lead or Senior Manager

Signature:..... Date:

Annex A – Audit tool for monitoring safeguarding policy & procedure

RAG status indicator:

Red		Non-compliant against standards
Amber		Partially compliant and an action plan is in place with SMART objectives
Green		Fully compliant

Standard	Guidance	Evidence	RAG status Adult
Accountability: There are Safeguarding Adults & Children’s polices in place.	<ul style="list-style-type: none"> There are named safeguarding leads for safeguarding children and adults at risk. The policy states who staff should discuss any safeguarding concerns with. There is a process of continuous improvement in place regarding policy review and update. The policy refers to extant legislation. 	<p><i>Insert hyperlink to practice policy here</i></p> <p><i>Named staff are annotated in the policy</i></p> <p><i>Audit is detailed in the policy</i></p> <p>Examples include: <i>Mental Capacity Act (2005)</i> <i>Deprivation of Liberty Safeguards (2009)</i> <i>Care Act (2014)</i> <i>Prevent Duty Guidance (2015)</i> <i>Information Sharing (2015)</i></p>	
Governance & assurance: The practice is registered with the Care Quality Commission (CQC).	<ul style="list-style-type: none"> The practice is compliant with Regulation 13 Safeguarding service users from abuse and improper treatment The practice demonstrates compliance with Key Lines of Enquiry (KLOE) 		
Policy & procedure: There is an effective whistle-blowing policy in place, which details the process for raising concerns, suspicions and allegations of abuse by a staff	<ul style="list-style-type: none"> A comprehensive whistle-blowing policy is to be in place, which encourages staff to raise concerns, and that they will not be penalised or jeopardise their own position. 	<p><i>Hyperlink to relevant policies such as:</i></p> <p><i>Complaints Policy</i> <i>Whistle-blowing Policy</i> <i>Safeguarding Policy</i></p>	

<p>member.</p>	<ul style="list-style-type: none"> • Staff are aware of how to raise suspicions, concerns or allegations of abuse about a member of the team. • Staff are aware of PREVENT and how to escalate concerns. 		
<p>Information sharing: There are systems in place for the appropriate, effective sharing of information.</p> <p>The practice promotes a culture of openness, honesty and transparency.</p>	<ul style="list-style-type: none"> • Staff are aware of the procedures to be followed and how information is to be shared if they suspect a child, young person or adult is at risk of harm, abuse or neglect. • All staff are aware of the guidance available to them by their representative professional bodies. • There is a Duty of Candour within the practice in accordance with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 	<p><i>Hyperlink to relevant policies such as:</i></p> <ul style="list-style-type: none"> • <i>Safeguarding Policy; this policy should include a section on information sharing.</i> • <i>Staff are aware of, and use the safeguarding templates on the clinical system.</i> • <i>Staff have access and the authority to share information where appropriate and smartcards are enabled to facilitate this.</i> • <i>There is evidence of regular multi-disciplinary meetings to discuss and share information. Link minutes.</i> 	
<p>Inter-agency working: The practice effectively liaises with external agencies to protect those at risk.</p>	<ul style="list-style-type: none"> • Staff are aware of their individual responsibilities to share information and to engage with external agencies when requested. • Staff are aware of the alert process and the requirement for action plans to be produced and acted upon in a timely manner. 	<p><i>Hyperlink evidence of participation:</i></p> <ul style="list-style-type: none"> • <i>Minutes from meetings</i> • <i>Contributions to processes and conferences</i> • <i>Clinical system shares</i> 	

	<ul style="list-style-type: none"> Clinicians invited to multi-agency meetings regarding safeguarding matters are allocated the time to do so and contribute effectively to the meeting, completing any administrative tasks, i.e. submitting reports efficiently. 		
<p>Safer recruitment: There are robust recruitment processes in place to prevent those people who pose a risk from working with children, young persons and adults at risk.</p>	<ul style="list-style-type: none"> Practice recruitment policy is in place which details the requirement and arrangements for Disclosure and Barring Service (DBS) checks. 	<p><i>Hyperlink to relevant policies:</i></p> <p>Recruitment Policy</p> <p>Safeguarding Policy</p> <p>Evidence of DBS checks for staff</p>	
<p>Training: All staff have completed the requisite training commensurate with their role.</p> <p>Staff are aware of their responsibility and how to act if they have any concerns.</p>	<ul style="list-style-type: none"> Staff complete the appropriate level of training depending on their roles and responsibilities. Training is undertaken every 3 years and recorded by the training coordinator. Staff responsibilities are detailed in the Safeguarding Policy for all staff groups. 		
<p>Accessing support: All staff have access to the appropriate level of support and supervision in line with their roles and responsibilities.</p>	<ul style="list-style-type: none"> It is clearly defined within the Safeguarding Policy who staff (at all levels) can contact for support, for safeguarding matters for children, young people and adults at risk. 	<ul style="list-style-type: none"> <i>Arrangements are in place for the Safeguarding Lead to attend local authority meetings.</i> <i>There is evidence of effective communication within the practice multidisciplinary team regarding the sharing of safeguarding information.</i> 	